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FACSIMILE TRANSMITTAL

TO:

Name: Examiner M. Priddy
Firm: U.S. Patent & Trademark Office
Fax No.: 703-872-9302

Subject: U.S. Patent Application
No. 09/970,294

Filed: October 2, 2001

SCREWS OF CORTICAL BONE AND
METHOD OF MANUFACTURE THEREOF

Attorney Docket No. 101.0070-02000

Customer No. 22882

FROM:

Name: Thomas H. Martin, Esq.
Phone No.: 703-818-3261
No. of Pages (including this): 7
Date: May 14, 2002

Confirmation Copy to Follow: No

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GROUP 3700

Message:

CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$90.00 additional claims fee charged to Deposit Account No. 50-1066) and Amendment with attachment are being facsimile transmitted to the U.S. Patent and Trademark Office on May 14, 2002.



Sandra L. Blackmon

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FORM PTO-1083

Attorney Docket No.: 101.0070-02000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson, M.D.

Serial No: 09/970,294

Filed: October 2, 2001

For: SCREWS OF CORTICAL BONE AND
METHOD OF MANUFACTURE THEREOF

Art Unit: 3732

Examiner: M. Priddy

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir:

Transmitted herewith is an Amendment in the above-identified application.

No additional fee is required.
 Applicant hereby requests a ***month extension of time to respond to the above office action.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	45	-	40	**	5	LG=\$18 SM=\$9	\$18
INDEPENDENT CLAIMS FEE	3	-	3	***	0	LG=\$84 SM=\$42	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$280 SMALL ENTITY FEE = \$140	\$0
						TOTAL	\$ 90.00

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

A fee in the amount of \$90.00 to cover the additional claims fee is to be charged to Deposit Account No. 50-1066.

A fee in the amount of \$____ to cover the ***-month extension of time fee is enclosed.

The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1066. A copy of this sheet is enclosed.

Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims

Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
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